



COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS

900 SOUTH FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331
Telephone: (818) 458-5100

HARRY W. STONE, Director

ADDRESS ALL CORRESPONDENCE TO
P.O. BOX 1460
ALHAMBRA, CALIFORNIA 91802-1460

JUN 11 1996

Mr. Michael McGuire
Environmental Science and Engineering
17390 Brookhurst Street, Suite 110
Fountain Valley, CA 92708-3731

IN REPLY PLEASE
REFER TO FILE **EP-1**

011474-011516

Dear Mr. McGuire:

HAZARDOUS MATERIALS UNDERGROUND STORAGE
APPLICATION FOR CLOSURE
FACILITY LOCATION: 5037 PATATA STREET, SOUTH GATE (2J)

Please find enclosed Closure Application forms per your request.

All existing underground tanks must be either closed or permitted. If the tanks are to be closed, complete the application forms and return them with the proper fee and required supporting information.

Soil sampling and analysis will be required for all closures. Soil borings will be required if tank contained a volatile or semi-volatile priority pollutant, or an extremely hazardous material.

A plot plan to scale showing location of tanks(s), buildings, adjacent streets, and north arrow must accompany the application forms.

If you have any questions, please contact Ms. Nardy Drew at (818) 458-3511, Monday through Thursday 7:00 a.m. to 5:30 p.m.

Very truly yours,

HARRY W. STONE
Director of Public Works

By Nardy R. Drew
Environmental Programs Division

UST1\CL201
C165220

Enc.

PERMIT APPLICATION SUPPLEMENT/NOTICE TO FILE
HAZARDOUS MATERIALS UNDERGROUND STORAGE PERMIT

DUE DATE: 6/5/96



Los Angeles County Department of Public Works
Waste Management Division
900 South Fremont Avenue
Alhambra, CA 91803-1331

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JUN 05 1996

DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION

This form must accompany all tank permit applications to operate underground storage tanks ****See instructions on back of this form****

DPW USE ONLY	
FILE #	<u>11474-11516</u>
PERMIT #	<u>3065T</u>
R/C CODE	<u>2J</u>
SIC CODE	
STATE ID #	
TGP	TGC

0165415

IF THERE ARE NO UNDERGROUND TANKS AT THIS FACILITY, GO TO PARTS F & G.

(A) **ARMSTRONG WORLD INDUSTRIES, INC.**

FACILITY NAME		
<u>5037 PATATA STREET</u>		
MAILING ADDRESS		
<u>SOUTH GATE, CA 90280-3555</u>		
CITY	STATE	ZIP CODE
FACILITY LOCATION		

(B) Application is hereby made for a Hazardous Material Underground Storage Permit (HMUSP) to operate and maintain underground storage tanks within Los Angeles County jurisdiction.

NEW PERMIT ☐ EXISTING PERMIT RENEWAL ☒

Existing Permit Number P00003065T

Number of tanks at facility 1 (old settling tank)

(C) Assessor parcel identification (obtain from property tax bill):

Map Book Number 6224 Page Number 031 Parcel Number 003

(D) This supplement must be accompanied by:

- (1) One copy of state form "A", facility/site information, for each site.
- (2) One copy of state form "B", tank permit application information, for each tank.
- (3) Leak Detection Program (LDP) and Tank Monitoring Program (TMP) proposals.
- (4) HMUSP application fee (Complete Part E).

(E) Hazardous Materials Underground Storage Permit (HMUSP) fee schedule:

The HMUSP application fee shall include the first annual permit maintenance fee, and State surcharge.
Circle amount remitted.

NUMBER OF TANKS	HMUSP (APPLICATION FEE)	ANNUAL PERMIT MAINTENANCE FEE	STATE SURCHARGE	=	TOTAL FEES
1	\$188	+ \$131	+ \$56	=	\$375
2	\$221	+ \$153	+ \$112	=	\$486
3	\$254	+ \$175	+ \$168	=	\$597
4	\$287	+ \$197	+ \$224	=	\$708
5	\$320	+ \$219	+ \$280	=	\$819
6 or more tanks	\$155 + \$33 per tank	+ \$109 + \$22 per tank	+ \$56 per tank		

MAKE CHECKS PAYABLE TO: "L.A. COUNTY DEPARTMENT OF PUBLIC WORKS"

(F) Facilities claiming an exemption to regulation must complete this section:

- ☐ There are no underground storage tanks within this facility.
☐ Final interceptor(s) regulated under industrial waste Permit No. _____
☐ Underground containers within this facility are used only for emergency spill containment for above ground storage tanks.
☐ Other (attach a written statement).

(G) Tank owner representative must complete this section (see back of form):

Signature James D. Bosserman Title PLANT MANAGER
Printed Name JAMES D. BOSSERMAN Date 6/5/96

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JUN 05 1996

STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A

DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION

COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input checked="" type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME ARMSTRONG WORLD INDUSTRIES, INC.		NAME OF OPERATOR SAME	
ADDRESS 5037 PATATA STREET		NEAREST CROSS STREET WILCOX STREET	PARCEL # (OPTIONAL)
CITY NAME SOUTH GATE		STATE CA	ZIP CODE 90280-3555
		SITE PHONE # WITH AREA CODE (213) 773-3813	
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS* <input type="checkbox"/> COUNTY AGENCY* <input type="checkbox"/> STATE AGENCY* <input type="checkbox"/> FEDERAL AGENCY*			
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST			
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 1
		E. P. A. I. D. # (optional) CAD088387741	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) WOYSHNER, WILLIAM S.	PHONE # WITH AREA CODE (213) 562-7227	DAYS: NAME (LAST, FIRST) BOSSERMAN, JAMES D.	PHONE # WITH AREA CODE (213) 562-7215
NIGHTS: NAME (LAST, FIRST) WOYSHNER, WILLIAM S.	PHONE # WITH AREA CODE (310) 430-1650	NIGHTS: NAME (LAST, FIRST) BOSSERMAN, JAMES D.	PHONE # WITH AREA CODE (714) 524-6468

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME ARMSTRONG WORLD INDUSTRIES, INC.		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS P. O. BOX 3001		<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY	
CITY NAME LANCASTER		STATE PA	ZIP CODE 17604
		PHONE # WITH AREA CODE (717) 397-0611	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER ARMSTRONG WORLD INDUSTRIES, INC.		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 5037 PATATA STREET		<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY	
CITY NAME SOUTH GATE		STATE CA	ZIP CODE 90280-3555
		PHONE # WITH AREA CODE (213) 773-3813	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY (TK) HQ 44-009330

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

<input checked="" type="checkbox"/> BOX TO INDICATE N/A	<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

VI. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:	I. <input checked="" type="checkbox"/>	II. <input type="checkbox"/>	III. <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

OWNER'S NAME (PRINTED & SIGNED) JAMES D. BOSSERMAN	OWNER'S TITLE PLANT MANAGER	DATE 6/5/96
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LOCAL AGENCY USE ONLY

COUNTY # 79	JURISDICTION # 000	FACILITY # 11474-111516
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPERVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS



RECEIVED

JUN 05 1996

DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION

June 4, 1996

Waste Management Division
LOS ANGELES COUNTY
DEPARTMENT OF PUBLIC WORKS
900 South Fremont Avenue
Alhambra, CA 91803-1331

SUBJECT: UNDERGROUND STORAGE TANK PERMIT RENEWAL FORMS

SITE: ARMSTRONG WORLD INDUSTRIES, INC.
5037 Patata Street
South Gate, CA 90280-3555
(Existing Permit No.: P00003065T)

To Whom It May Concern:

Armstrong World Industries, Inc. ("Armstrong") is submitting the permit renewal forms for an existing wastewater settling tank/clarifier that was captured under the Hazardous Material Underground Storage Permit (HMUSP) program.

Enclosed are the completed forms (Permit Application Supplement/Notice to File and Permit Application Form A), and a check (Check No.: 696333) for permit fees and surcharge fees in the amount of \$375.00.

Armstrong is in the process of selecting a contractor to close the existing settling tank in accordance with California Code of Regulations, Title 23, Underground Storage Tank Regulations. During the next few weeks, we will be choosing a contractor, submitting the necessary closure application forms, and preparing a work plan for submittal to your department. We are an environmentally conscious facility and will make every effort to ensure compliance with all environmental rules and regulations.

Should you have any questions or comments, please do not hesitate to call me at (213) 562-7227.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Woysner".

Bill Woysner
Environmental Specialist

L.A. COUNTY DPW
DATE COMPILED: 10/05/93
RUN DATE: 04/29/94 16:00:34

HAZARDOUS MATERIALS SYSTEM
TANKS INSPECTION JOB ORDER
SCHEDULED INSPECTIONS

REPORT: HMB150.002
INSP#: I000094499
ASSC#: P00003065T
PAGE: 1

FILE #: 011474-011516 NAME: ARMSTRONG WORLD INDUSTRIES
ADD: 5037 PATATA ST
SOUTH GATE, CA 90280 AREA: 2J SMD: 95
XSTREET: ATLANTIC THOMAS GUIDE: 0000-00
CONTACT: BOSSERMAN, JAMES D TEL: 213 562 7215

PROC: SAMPLE REQUIRED? N

INSP INFO: _____

PERM TYPE: T 0 TANK OPERATING PERMIT # OF TANKS: 1 STATUS: PERMITTED

	FREQUENCY	LAST PERFORMED	NEXT DUE
INSPECTION	36		05/05/94
SAMPLE			
SELF-MONITOR			

ASSGN TO: LENNOX FIELD OFFICE

SECT: FIELD INSPECTION UNIT

TANK #	OWNER TANK ID #	CAPACITY (GAL)	CONTENTS
001	UNKNOWN	3,600	HAZARDOUS
CON: SINGLE WALLED		LDS: NONE	

RESULTS: Tank info correct. Tank used as holding container
for wastewater from tile and floor covering manufacturing.

REMARKS: _____

INSPECTOR: Edward Calleros spent 1 hr.
INSPECTION DATE: 3-9-95

DISP: _____

B40

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION
HAZARDOUS MATERIAL UNDERGROUND STORAGE INSPECTION

HMS UPDATE

BY _____

DATE _____

INSP# _____

-HQ USE ONLY-

BUSINESS NAME: Armstrong World Industries FILE NO: 011516 AREA: 2J
STREET NO: 5037 FR: _____ DR: _____ NAME: Patata SF: 57 UNIT: _____
CITY: South Gate ZIP: 90280 TG: _____
XSTREET: Atlantic Ave CONTACT: James D. Boeserman TEL: 213 773 3863

UST OWNER NAME: Armstrong ☒ CORPORATION ☐ INDIVIDUAL ☐ PARTNERSHIP
☐ GOV AGENCY ☐ OTHER

IS UST OWNER THE OPERATOR? ☒ YES ☐ NO: OPERATORS NAME Armstrong

MAILING NAME: _____ ADDRESS: _____

CITY: _____ ZIP: _____ TEL: _____

CONSENT TO INSPECT: ☒ YES ☐ NO

CONTACT: Chris Moore

TITLE: Res. Bus. Mgr. TEL: 213 773 3863

INVENTORY RECONCILIATION: YES NO N/A

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 1. Inventory records complete | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Allowable variations exceeded | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Product dipstick in good condition | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Water/Gas indicating paste utilized | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

UST AND PIPING:

- | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. UST and piping locations and configurations consistent with approved plans | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Precision tank integrity test records reviewed: | _____ | | | |
| Date last tested | _____ | | | |
| 3. Corrosion protection system installed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Date last maintenance certification | _____ | | | |
| 4. Overfill protection/fill pipe installed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Date installed | _____ | | | |

MONITORING SYSTEM:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Identify method of monitoring/leak detection: | <u>none</u> | | | |
| 2. Established procedures for alarms notification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Monitoring tapes/read-out reviewed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Self-diagnostic or calibration program performed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Date last maintenance certificate | _____ | | | |

MONITORING WELLS:

- | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Wells located per approved plans | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Wells properly surface sealed and clearly marked | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ON-SITE RECORDS:

- | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Last 12 months leak detection records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Copy of performance claims (third party certification) for leak detection method | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Tank and/or associated piping system repairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Tank and/or piping leak detection system maintenance (last 12 months) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Certification of financial responsibility (petroleum sites only) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Location of records if not on-site _____

OTHER:

OUTSIDE OPERATIONS: NONE

SURFACE RUNOFF: NONE

CORRECTIVE ACTION REQUIRED:

☐ Pursuant to Los Angeles County Code, Title 11, Division 4, §11.84.020, correction of the above conditions is required within 30 days from the date of this notice. Upon completion of corrective action, contact the undersigned at (____) _____ between 8:00 am and 9:30 pm for compliance verification.

By:

Edward Calleros

DATE: 3-9-95

Inspector, Waste Management Division

The undersigned hereby acknowledges receipt of a copy of this report and/or Notice:

Name

Title

Date 03/09/95

UPDATE FORM (UF)

FILE No. - 11516

HMUSP No. - ~~17516~~

AREA 25

3065

REVIEW DATE: 9/9/92

REVIEWED BY: SSA

HMS INPUT BY: JCH

DOCUMENT DATE (APP REC'D)	DOCUMENT/ APPLICATION LISTING USTs & UST DATA	COLUMN (1) USTs PERMITTED	COLUMN (2) UST ADDITIONS	COLUMN (3) USTs CLOSED	NET USTs (A)
5-5-86	3065	4			
5-5-86	31722			1	
11-10-86	2123B			2	
TOTALS				(A) =	/

>>>>>>>>>> ACTIVE USTs DETERMINED FROM HMS (ACT TANK CT): (B) = /

UST DATA/ADJUSTMENTS

UST NO.	UST SIZE	UST CONTENTS	UST CONSTRUCTION	KEY/ APP TYPE
001	3600	Clarifier sludge (oil ^{water})	S W	Key
002				
003				
004				
005				
006				
007				
008				
009				
010				
011				
012				
013				
014				
015				
016				
017				
018				
019				
020				
021				
022				

COMMENTS :